

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F23000005974

Entity Name: TIMPTE INDUSTRIES, INC.**Current Principal Place of Business:**1201 HAYS STREET
TALLAHASSEE, FL 32301**Current Mailing Address:**100 TIMPTE PARKWAY, PO BOX 347
DAVID CITY, NE 68632 US**FEI Number: 22-1696742****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	C
Name	PFANNENSTEIN, JOHN T
Address	1290 N. BROADWAY SUITE 1150
City-State-Zip:	DENVER CO 80203

Title	VC
Name	GAMEL, DAVID B
Address	1290 N. BROADWAY SUITE 1150
City-State-Zip:	DENVER CO 80203

Title	P
Name	JONES, DALE D
Address	100 TIMPTE PARKWAY, PO BOX 347
City-State-Zip:	DAVID CITY NE 68632

Title	ST
Name	WALLISER, DOUGLAS E
Address	1290 N. BROADWAY SUITE 1150
City-State-Zip:	DENVER CO 80203

Title	AS
Name	NEFF, WILLIAM R
Address	1290 N. BROADWAY SUITE 1150
City-State-Zip:	DENVER CO 80203

Title	D
Name	THOMPSON, JEFF
Address	100 TIMPTE PARKWAY, PO BOX 347
City-State-Zip:	DAVID CITY NE 68632

Title	DIRECTOR
Name	DEITCHMAN, STEPHEN
Address	1290 N BROADWAY, SUITE 1150
City-State-Zip:	DENVER CO 80203

Title	ASST. SECRETARY
Name	SATTERFIELD, KELLY
Address	1290 N BROADWAY, SUITE 1150
City-State-Zip:	DENVER CO 80203

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KELLY SATTERFIELD**ASSISTANT SECRETARY 04/01/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date